

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

LOP APPROVAL PROCESS

**IHSC Directive: 11-07
ERO Directive Number: 11759.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: 20 Mar 2017**

**By Order of the Acting Assistant Director:
CAPT Luzviminda Peredo-Berger, MD**

1. **PURPOSE:** The purpose of this directive is to set forth ICE Health Service Corps (IHSC) policies and procedures is to provide guidance for the approval process for LOPs.
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel involved in writing, reviewing, or approving Local Operating Procedures (LOPs).
3. **AUTHORITIES AND REFERENCES:**
 - 3.1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal.
 - 3.2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 ([8 U.S.C. § 1222](#)), Detention of Aliens for Physical and Mental Examination.
 - 3.3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination.
4. **POLICY:** The local Health Services Administrator (HSA) is responsible for drafting LOPs. Prior to drafting the LOP, the HSA must complete a physical or electronic cover sheet with information explaining why the facility needs a specific LOP to supplement IHSC National Policy, and how the requested LOP would differ from the IHSC National Policy/Procedures. HSA must then submit the LOP to the Policy Administrator for review and approval prior to issuing the LOP.

- 4.1** This directive provides a standardized process across IHSC and is effective immediately until rescinded or superseded by other applicable governing documents.
- 4.2** LOPs are developed locally to provide guidance on implementing procedures on-site that apply to the specific facility. It is not required that every HSA develop LOPs for his/her facility for each IHSC national policy. Each site should not have individual site policies, as all IHSC IGSA facilities and staff should follow IHSC National Policies. The development of LOPs are done on an as-needed basis only, and determined by the Health Services Administrator (HSA) with consultation from the facility's Clinical Director.
- 4.3** Facilities should develop LOPs for processes that are only site-specific.
- 4.4** LOPs will contain a reference to the applicable IHSC policy (i.e., Directive or OM).

5. PROCEDURES:

- 5.1** Once a draft LOP is completed, the HSA, or designee, must upload the draft LOP into the appropriate facility folder on the IHSC SharePoint site.
- 5.2** The HSA or designee must notify and provide the link to the Clinical Director and the Regional Health Services Administrator (RHSA) for review and approval.
- 5.3** The RHSA will review, approve and return the draft document within seven calendar days to the HSA.
 - 5.3.1** If the RHSA has edits for the LOP, they must input their edits for the LOP directly into the SharePoint document using "track changes" and notify the HSA that the review is complete.
- 5.4** Once an HSA is notified that their draft LOP requires edits, the HSA must complete the necessary edits directly in the SharePoint document (located in the facility LOP folder) within seven calendar days. The HSA must accept or reject the tracked changes and remove comments after making the changes in the SharePoint document.
- 5.5** Once the edits are complete, the HSA must send the revised draft back to the RHSA for final approval. The revised draft should be a clean document (i.e. no tracked changes and no comments).
- 5.6** Upon receipt of the approved final LOP, the HSA or designee is responsible for sending the LOP to the Policy Administrator for conversion to a PDF and for uploading the LOP into the appropriate IHSC SharePoint folder.

5.7 After the policy administrator or designee reviews the final draft of the LOP, the document will be uploaded to the appropriate electronic folder and the RHSA and HSA will be provided with a notification email.

5.8 The HSA must ensure that all staff at the facility are informed of the new LOP, including its location on SharePoint. Once the LOP is approved, communicated and local staff trained if necessary, the HSA may implement the LOP directly.

5.9 The HSA in collaboration with the IHSC Policy Administrator is responsible for initiating a review of all their site's LOPs annually and for updating the policies as appropriate.

6. HISTORICAL NOTES: This directive does not replace any previously issued IHSC directives or guidance. This is the first issuance of this directive.

7. DEFINITIONS: The following definition(s) apply for purposes of this directive only:

7.1 Local Operating Procedure (LOP) – is a procedures document describing regular recurring activities appropriate to quality operations at the local (site- or facility-specific) level. LOPs may include instructions to help employees carry out those operations.

8. APPLICABLE STANDARDS:

8.1 National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2014; J-A-05, *Policies and Procedures*.

9. PRIVACY AND RECORDKEEPING.. This operations memorandum does not require the creation of any additional records.

10. NO PRIVATE RIGHT STATEMENT. This operations memorandum is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.